

# MEDICAL POLICY

<b>SUBJECT: PHYSICAL THERAPY (PT)</b>	<b>EFFECTIVE DATE: 10/18/01</b>
<b>POLICY NUMBER: 8.01.12</b>	<b>REVISED DATE: 08/22/02, 01/22/04, 04/28/05, 04/27/06,</b>
<b>CATEGORY: Therapy/Rehabilitation</b>	<b>02/22/07, 04/24/08, 04/23/09, 06/24/10,</b>
	<b>06/24/11, 08/23/12, 08/22/13, 08/28/14,</b>
	<b>08/27/15, 08/25/16, 08/25/17, 08/23/18</b>
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<ul style="list-style-type: none"><li>• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i></li><li>• <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i></li><li>• <i>If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i></li></ul>	

## POLICY STATEMENT:

- I. Based upon our criteria and review of the peer-reviewed literature, acute, restorative or habilitative land or water (hydro, aquatic) based physical therapy (PT) services have been medically proven to be effective and therefore, **medically appropriate** when performed to meet the needs of an *adult* patient who suffers from a medically determinable functional physical impairment due to disease, trauma, congenital anomalies or prior therapeutic intervention as determined by standardized assessment.
- In determining the medical appropriateness of PT services consideration will be given to the degree/severity of limitation/deficit the impairment imposes on the individual and whether the deficit(s) are expected to improve over a short period of time (generally up to two months) with treatment. In order for ongoing treatment to continue to be considered medically necessary significant improvement, as determined with reference to standardized assessment(s) completed during evaluation and repeated on follow-up session(s) must be demonstrated in objective measures.
- II. Based upon our criteria and review of the peer-reviewed literature, active, restorative or habilitative land or water based physical therapy has been medically proven to be effective and is **medically appropriate** for *children* suffering from a medically determinable severe or significant impairment, as determined by standardized assessments, resulting from disease, trauma, congenital anomaly or previous therapeutic processes.
- A medically determinable severe delay or disorder in a child is identified by a functional impairment/deficit that adversely affects the child's performance or a significant delay or disorder in one or more functional areas, as compared to accepted milestones for child development, which adversely affects the child's ability to learn.
- Significant delays or disorders in children, are defined as:
- A. A 33% delay in one functional area or a 25% delay in each of two areas; or
  - B. If appropriate standardized instruments are individually administered in the evaluation process, a score of at least 2.0 standard deviations below the mean in one functional area or score of at least 1.5 standard deviations below the mean in each of two functional areas.
- III. Based upon our criteria and review of the peer-reviewed literature, non-skilled services that do not generally require the skills of a qualified provider of PT services are **not medically necessary**. These services may include:
- A. Passive range of motion (PROM) treatment which is not related to restoration of a specific loss of function;
  - B. Any of the following treatments when given alone or to a patient who presents with no complications: hot packs; infrared heat; whirlpool baths; paraffin baths; Hubbard tank; cold packs; ice packs, contrast baths, aquatic exercises, TENS; and
  - C. Services which maintain function by using routine, repetitive procedures, exercise, conditioning or gym programs (land or water based) for stable chronic conditions (greater than 3 months since initial onset) such as fibromyalgia, or chronic pain syndrome (chronic low back pain).
  - D. Vasopneumatic compression when used alone without the need for skilled monitoring of potential adverse signs and symptoms.
- IV. Based upon our criteria and review of the peer-reviewed literature, the following services have not been medically proven effective and are considered **not medically necessary**:
- A. Gait analysis;

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- B. Hippotherapy, Equine Movement Therapy, Horseback riding;
- C. Isokinetic testing, with an isokinetic dynamometer (e.g. Biodex, Cybex II, Omnikinetic, Lido Active) in the assessment of muscle strength;
- D. Physical therapy programs solely for sports and/or recreational purposes (e.g., conditioning, strength training, aquatic exercise programs such as water aerobics and water walking).
- V. Based upon our criteria and review of the peer-reviewed literature, work-related or workers compensation programs (e.g., work-evaluation, work reconditioning, work hardening programs, sheltered work programs, vocational training) are **not medically necessary** as these programs are for conditioning primarily for return to work and not treatment of a medical condition.

When PT services are needed to treat a medical or surgical condition in order for a patient to return to work services are covered by the New York State Vocational and Educational Services for Individuals with Disabilities (VESID) Program.

- VI. Maintenance programs are programs that consist of activities that preserve the patient’s present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no additional functional progress is apparent or expected to occur. Maintenance programs are **not medically necessary**.

*Refer to Corporate Medical Policy # 1.01.38 regarding Negative Pressure Wound Therapy (Vacuum Assisted Closure*

*Refer to Corporate Medical Policy #2.01.13 regarding Computerized Motion Diagnostic Imaging (CMDI)/Gait Analysis.*

*Refer to Corporate Medical Policy # 8.01.17 regarding Occupational Therapy.*

*Refer to Corporate Medical Policy # 8.01.19 regarding Cognitive Rehabilitation.*

*Refer to Corporate Medical Policy # 10.01.02 regarding Chiropractic Care.*

*Refer to Corporate Medical Policy # 10.01.09 regarding Early Intervention Program services.*

**POLICY GUIDELINES:**

- I. Physical therapy must meet all of the following criteria:
  - A. meet the functional needs of a patient who suffers from a functional physical impairment due to disease, trauma, congenital anomalies or prior therapeutic intervention;
  - B. achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time;
  - C. provide specific, effective, and reasonable treatment for the patients diagnosis and physical condition;
  - D. be delivered by a qualified provider of physical therapy services (a qualified provider is one who is licensed where required and performs within the scope of licensure); and
  - E. require the judgment, knowledge, and skills of a qualified provider of physical therapy services due to the complexity and sophistication of the therapy and the physical condition of the patient.
- II. Physical therapy office records must contain a written plan of care; which should include:
  - A. Diagnosis including severity level of diagnosis;
  - B. Specific statements of measureable long and short-term function based goals;
  - C. Measurable objectives based on standardized outcome measures defined in evaluation and during follow-up sessions;
  - D. A reasonable estimate of when the goals will be reached;
  - E. The specific treatment techniques and/or activities to be used in treatment (skilled intervention);
  - F. The frequency and duration of treatment; and
  - G. Prior Level of Function(PLOF), prior treatment and Current Level of Function(CLOF)

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- III. Physical therapy of the hand rendered by a qualified, licensed Occupational Therapist is medically appropriate when the services are within the scope of practice of the Occupational Therapist (e.g., the Occupational Therapist is certified in hand therapy), the patients' contract provides coverage for physical therapy, and the patient meets the criteria stated in this policy for physical therapy.
- IV. New York State law restricts the practice of physical therapy to licensed physical therapists or certified physical therapist assistants. Individuals who are not licensed or certified may not provide physical therapy services. Athletic trainers are not licensed or otherwise authorized under New York State to practice physical therapy.
- V. Certain contracts only cover short-term PT services for a limited number of visits per condition, per lifetime, or per contract year. These limits generally apply to all therapies combined (physical therapy, speech therapy and occupational therapy). These visit limits do not apply when PT is for the treatment of a Mental Disorder (including Autism Spectrum Disorder). Mental Disorder is defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.
- VI. Coverage is not available for services provided by school districts, as stipulated in the child's (pre-school ages 3-5 years and school-aged 5-21 years) Individualized Education Program (IEP) as they are considered free care or a government program.
  - A. When applicable, an IEP should be completed through the school district before a request for coverage is submitted to the Health Plan.
  - B. If a child is home schooled an assessment by the school district should be completed prior to submitting a request to the Health Plan for coverage. Requests for services for home schooled children outside New York State will be reviewed on an individual basis in accordance with state regulations for the state in which the child lives.
  - C. Physical therapy services denied by the school district, including summer services, and not covered in a child's IEP will be reviewed by the Health Plan for medical necessity in accordance with member's contract.
  - D. Interim summer programs are provided by school districts for children whose handicapping conditions are severe enough to exhibit the need for a structured learning environment of 12 months duration in order to maintain developmental levels. For preschool children, summer instruction must be available for those whose disabilities are severe enough to exhibit the need for a structured learning environment of 12 months duration to prevent substantial regression.
- VII. Benefits for habilitative services are contract dependent. Please refer to the member's subscriber contract for specific benefit information.
- VIII. Baseline objective measurement(s) is/are essential to determine clinical effectiveness of all physical therapy interventions. Clinical assessment of the patient's strength, prior to the initiation of PT, is essential to determining the therapeutic effectiveness of PT. Assessment data is obtained through a variety of standardized tests (e.g., measurement, functional performance, and manual or isokinetic muscle evaluation). Physical impairments range in severity from mild to severe and are classified according to their level of severity. A mild impairment is less than 1 standard deviation from normal, a moderate impairment is 1-2 standard deviations from normal, and a severe impairment is more than 2 standard deviations from normal. Severe impairments are appropriate for PT three times per week, moderate impairments are appropriate for PT two times per week, and mild impairments are appropriate for PT one time per week.

**DESCRIPTION:**

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Physical Therapy (PT) is the treatment of disease or injury by the use of therapeutic exercise and other interventions that focus on improving posture, locomotion, strength, endurance, balance, coordination, joint mobility, flexibility, the ability to perform the functional activities of daily living and the relief of pain. PT is a short-term therapy for which significant, measurable improvements are the expected result.

Treatment may include active and passive modalities using a variety of means and techniques based upon biomechanical and neuropsychological principles. Treatments provided as part of a physical therapy session may include:

- I. Therapeutic exercise programs, including coordination and resistive exercises to increase strength and endurance;
- II. Thermotherapy;
- III. Cryotherapy;
- IV. Hydrotherapy/aquatic therapy - water-based interventions usually performed in a pool; and/or
- V. Massage, traction, or manual therapies.

Pursuant to New York State law, effective November 1, 2012, each contract providing physician services, medical, major medical, or similar comprehensive-type coverage must provide coverage for the screening, diagnosis, and treatment of Autism Spectrum Disorders when prescribed or ordered by a licensed physician or a licensed psychologist for medically necessary services. Treatment includes services provided by a licensed or certified speech therapist, occupational therapist, physical therapist, and social worker when the policy generally provides such coverage. Therapeutic treatment must include care that is deemed habilitative or non-restorative.

As of January 1, 2014, the Patient Protection and Affordable Care Act (PPACA) requires all health insurers to provide essential health benefits in the individual and small group markets, including habilitative services. According to the Patient Protection and Affordable Care Act, habilitative services are health care services that help a person keep, learn or improve skills and functioning for daily living and include the management of limitations and disabilities, including services or programs that help maintain or prevent deterioration in physical, cognitive, or behavioral function.

**RATIONALE:**

Hippotherapy - A search of literature published in the past 5 years addressing hippotherapy for cerebral palsy (CP) and autism was completed. Three very small studies that included 7-17 patients were identified addressing CP; but none are large enough to permit scientific conclusions regarding hippotherapy for patients with CP. No studies were identified that address autism.

Isokinetic Testing - Several isokinetic dynamometers have received FDA approval. Published literature suggests that due to the large variations in testing methods isokinetic dynamometry has not been medically proven to improve net health outcomes or be more effective than established methods of assessment of muscle strength. The effectiveness of isokinetic dynamometry has not been demonstrated outside the investigational setting.

**CODES:**      Number                      Description

*Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

\*\*\* Note: Reimbursement mechanisms vary by Health Plan Region. Services may be reimbursed on a per modality or a global reimbursement basis.\*\*\*

<b><u>CPT:</u></b>	97010	Application of a modality to one or more areas; hot or cold packs
	97012	traction, mechanical
	97014	electrical stimulation, unattended

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- 97016 vasopneumatic devices (NMN when used without skilled monitoring)
- 97018 paraffin bath
- 97022 whirlpool
- 97024 diathermy (eg, microwave)
- 97026 infrared
- 97028 ultraviolet
- 97032 Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
- 97033 iontophoresis, each 15 minutes
- 97034 contrast baths, each 15 minutes
- 97035 ultrasound, each 15 minutes
- 97036 Hubbard tank, each 15 minutes
- 97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
- 97112 neuromuscular reeducation and movement, balance, coordination, kinesthetic sense, posture, and proprioception
- 97113 aquatic therapy with therapeutic exercises
- 97116 gait training (includes stair climbing)
- 97124 massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
- 97140 Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 97150 Therapeutic procedure(s), group (2 or more individuals)
- 97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
- 97750 Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes

**Note: Considered NMN when used for isokinetic testing or vibromyography.**

- 97161 Physical therapy evaluation: low complexity (effective 1/1/2017)
- 97162 Physical therapy evaluation: moderate complexity (effective 1/1/2017)
- 97163 Physical therapy evaluation: high complexity (effective 1/1/2017)
- 97164 Re-evaluation of physical therapy established plan of care (effective 1/1/2017)
- 97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

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- HCPCS:**
- S8940 (NMN) Equestrian/hippotherapy, per session
  - S8990 (NMN) Physical or manipulative therapy performed for maintenance rather than restoration

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S9131 Physical therapy; in the home, per diem

**MODIFIER:** SZ Habilitative services

96 Habilitative services

97 Rehabilitative services

**ICD10:** Several

**REFERENCES:**

Armand S, et al. Gait analysis in children with cerebral palsy. EFORT Open Rev. 2016 Dec 22;1(12):448-460.

Barker AL, et al. Effectiveness of aquatic exercise for musculoskeletal conditions: a meta-analysis. Arch Phys Med Rehabil 2014 Sep;95(9):1776-86.

\*Bartels EM, et al. Aquatic exercise for the treatment of knee and hip osteoarthritis. Cochrane Database Syst Rev 2007(4):CD005523.

Bidonde J, et al. Aquatic exercise training for fibromyalgia. Cochrane Database Syst Rev 2014 Oct 28;10:CD011336.

BlueCross BlueShield Association. Gait analysis. Medical Policy Reference Manual Policy #2.01.03. 2014 Feb 13. Archived/February 2015

BlueCross BlueShield Association. Hippotherapy. Medical Policy Reference Manual Policy #8.03.12. 2018 Mar 08.

\*BlueCross BlueShield Association. Physical Therapy - archived. Medical Policy Reference Manual Policy #8.03.02. 2011 Jun 9.

BlueCross BlueShield Association. Work hardening programs - archived. Medical Policy Reference Manual Policy #8.03.06. 2011 Feb 10.

\*Childs JD, et al. Neck pain: Clinical practice guidelines linked to the International Classification of Functioning, Disability, and Health from the Orthopedic Section of the American Physical Therapy Association. J Orthop Sports Phys Ther 2008 Sep;38(9):A1-A34.

\*Cole JP, et al. Vibromyographic quantification of voluntary isometric contractile force in the brachioradialis. Conf Proc IEEE Eng Med Biol Soc 2006;1:1708-10.

\*Gordon NF, et al. Physical activity and exercise recommendations for stroke survivors: an American Heart Association scientific statement from the Council on Clinical Cardiology, Subcommittee on Exercise, Cardiac Rehabilitation, and Prevention; the Council on Cardiovascular Nursing; the Council on Nutrition, Physical Activity, and Metabolism; and the Stroke Council. Circ 2004 Apr 27;109(16):2031-41.

Hagen S, Stark D. Conservative prevention and management of pelvic organ prolapse in women. Cochrane Database Syst Rev 2011 Dec 7;(12):CD003882.

Hay-Smith EJ, et al. Comparisons of approaches to pelvic floor muscle training for urinary incontinence in women. Cochrane Database Syst Rev 2011 Dec 7;(12):CD009508.

Kristensen OH, et al, Muscle Strength and Poststroke Hemiplegia: A Systematic Review of Muscle Strength Assessment and Muscle Strength Impairment. Arch Phys Med Rehabil. 2017 Feb;98(2):368-380.

Marinho-Buzelli AR, et al. The effects of aquatic therapy on mobility of individuals with neurological diseases: a systematic review. Clin Rehabil 2015 Aug;29(8):741-51.

McDaniel Peters BC, et al. Autism and Equine-Assisted Interventions: A Systematic Mapping Review. J Autism Dev Disord. 2017 Jul 21.

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New York State Education Department. Regulations of the Commissioner of Education. Part 200 – Students with disabilities. Updated 2016 Mar 21 [<http://www.p12.nysed.gov/specialed/lawsregs/part200.htm>] accessed 5/3/18.

\*Teixeira LJ, et al. Physical therapy for Bell s palsy (idiopathic facial paralysis). *Cochrane Database Syst Rev.* 2008 Jul 16;(3):CD006283.

United States Department of Education. Individuals with Disabilities Education Act (IDEA). Public Law 94-142 [<http://idea.ed.gov>] accessed 5/3/18.

Waller B, et al. Effect of therapeutic aquatic exercise on symptoms and function associated with lower limb osteoarthritis: systematic review with meta-analysis. *Phys Ther* 2014 Oct;94(10):1383-95.

Wren TA, et al. Efficacy of clinical gait analysis: a systematic review. *Gait Posture* 2011 Jun;34(2):149-53.

**KEY WORDS:**

Aquatic therapy, Biodex, Cybex, Gait analysis, Hippotherapy, Hydrotherapy, Isokinetic dynamometry, Isokinetic testing, Myowave, Physical therapy, PT, Vibromyography (VMG).

## CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) and a supplemental article addressing Outpatient Physical and Occupational Therapy Services. Please refer to the following websites for Medicare Members:

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33631&ver=26&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&KeyWord=occupational+therapy&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABABAAAA&>